

## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

QHS

(To be filed by organizations, employing organizations and individuals other than registered lobbyists)

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HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, ASB Tower Suite 970			THIS SPACE FOR OFFICE USE ONLY				
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Honofulu, Hawali 96813		,	ł			STATE OF STATE OF	.g <del>.</del>
(P.O. Box 616, Honolulu, Hawaii	96809)					mos	C.
Telephone: (808) 587-0460						SE	<u> </u>
Fax: (808) 587-0470		•				들면	FEB
emall: ethics@hawailethics.org web site: www.hawail.gov/ethics						S 24	10
web site. www.nawan.gov/etriics			}			HAWA	•
· ·	<del></del>					I A	<u>≥</u>
For lobbying reporting period:	Contact person	person Francis D.			_ Phone	<b>2</b> 08-53	2-5116
January 1 - last day of February	Organization			's Health Systems		9	_ω
[ ] March 1 - April 30	Mailing Address			ea St., Suite 1100			
[X]May 1 - December 31		Hono	lulu,	HI 96813			
Year of Report 20 <u>05</u>							
	P	ART I. 1	TOTAL	EXPENDITURES			
The total sum or value of all exp			***************************************				
period was: \$ 10,480.1	4	p.200 0	oos, a	and and amount			
postoo was. 4							
EXPENDITURES							
		Total					
Category  1. Preparation & distribution	Ar	Amount		7. Entertainment		TotalAmount	
of lobbying materials				7. Entertainment		}	
or robbying mountain							
2. Media advertising				8. Food & beverages			
	-			•			
3. Telegraph, telephone and other				9. Gifts			
forms of telecommunication					•		
4. Postage			<u>·</u> .	10, Loans		<del> </del>	
. I oolage				10. Mounto			
5. Compensation paid to lobbyists				11, Other disbursements	<del>-</del>		
	\$10,480.	14				1	
6. Fees (other than to lobbylsts)				TOTAL EXPENDITURES			
						\$10,48	0.14
	CO	MPENS	ATION P	AID TO LOBBYISTS			
List in this section the names of all lobbyi	sts and compensat	ion paid to	ine lobby	ists during the statement period.			
_Name						Compensation paid	
Susan Kusunoki		84 N. King Street				T 7	
Pacific Management Co	nsultants,	Hono	olulu,	HI 96817		#10,88	30,14 TA
Inc.						7	7 700
				to the desired and the second			
			·				

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

ne & Address	•	• •		Amount or value
		•		
	AGGREGATE EXPENDITURES	S OF \$150 OR MORE PER PERSON		
	d for the purpose of lobbying in the total sum o	f \$150 or more per person during the statement	period.	
This section is not applicable Expenditures incurred in the accreca:	te of \$150 or more per person were made for t	he following nersons:		
			· · · · · · · · · · · · · · · · · · ·	Amount or value
IIIB & Address		, , , , , , , , , , , , , , , , , , , ,		Amount of value
_				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	PART II CONTR	IBUTIONS RECEIVED	_	
· · · · · · · · · · · · · · · · · · ·	PARTIE CONTR	IDOTIONS RECEIVED		
	ed for the purpose of lobbying in the total sum o	of \$25 or more per person during the stalement p	eriod.	
This section is not applicable  Contributions received in the total sur	m of \$25 or more per person were received fro	m the following persons:		
		The state of the s		Amount or value
ame & Address				Tallouit of Yalas
	DADT W \$110 IEC	T AREAS OF LOBBYING		
l exfelative an		areas was supported or opposed during the	ne stater	nent period:
	Education	Human Services	Science, Technology &	
_ , • • • • • • • • • • • • • • • • • •	,			Economic Development
Communications &	Government Operation &	Intergovernmental Relations,		Tourism & Recreation
Public Utilities	Finance	International Affairs		
Consumer Protection & Commerce	Hawalian Affairs	Labor & Employment	☐ Transportation	
Culture, Arts, Historic	CTA	Planning, Land & Water		DU
Preservation	◯ Health	Use Management	U	Other: (indicate below)
Ecology, Energy	☐ Housing	Public Safety & Corrections	•••	
Environmental Protection				
	<del></del>			JA
hereby certify that the stateme	ents made above are correct and con	nplete to the best of my knowledge	_	
Lrancis	D. Makes		Ô	1906
V)	(Signature of authorized person)	WILLIAM CONTROL OF THE CONTROL OF TH		(Date)
·	. Franci	s D. Fraher		
Name of authorized	nerson (type or print)	J D. TTallet		
Name of authorized	person (type or print)	resident and Treasurer		